SEPTEMBER 1, 2021

South Dakota Department of Social Services

DGMIS USER MANUAL

SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES

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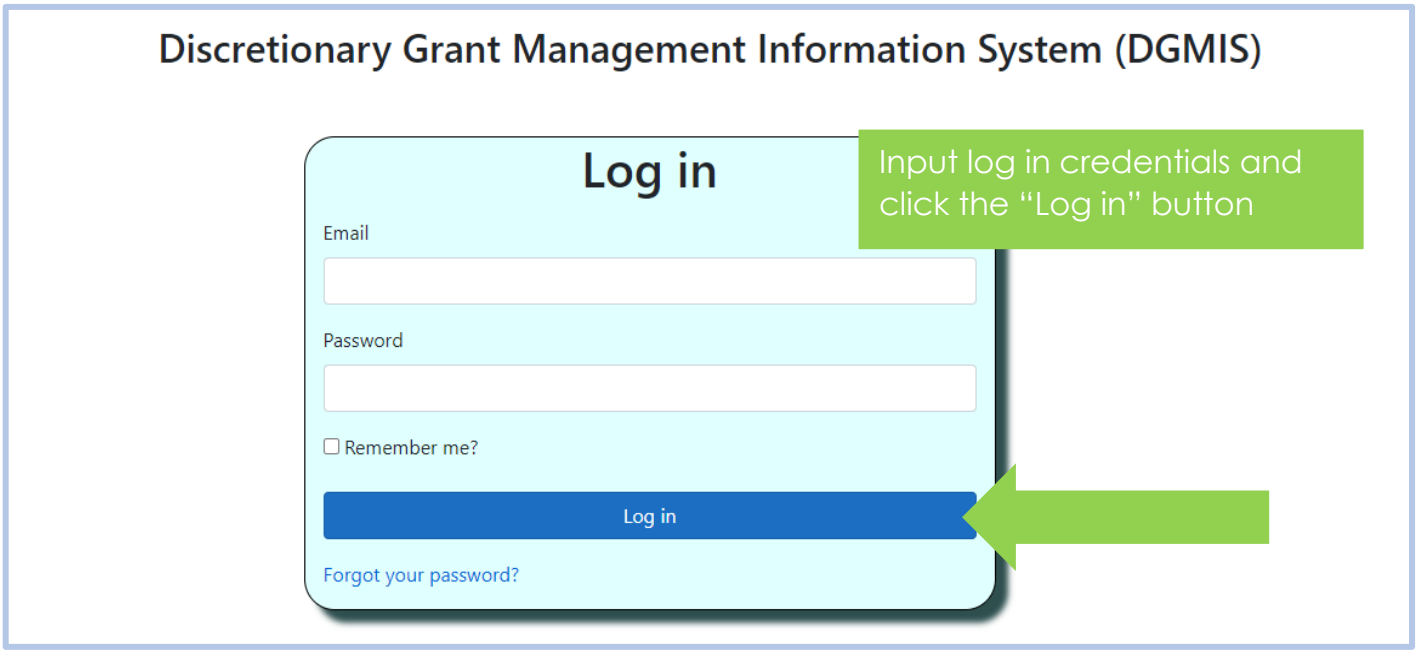
DGMIS Main Page

Main Website: https://dss-dg.sd.gov/

All users will log in to the DGMIS via the main home page.



Grant Selection

Select the grant that applies to you.

SOR

State Opioid Response*

Continue

SBIRT

Screening Brief Intervention Referral and Treatment

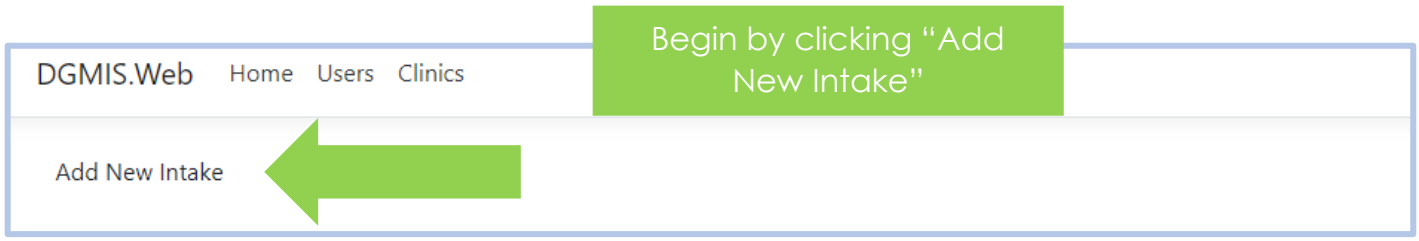
Continue

COVID

Emergency Grants to Address Mental and Substance Use Disorders During COVID-19

Continue

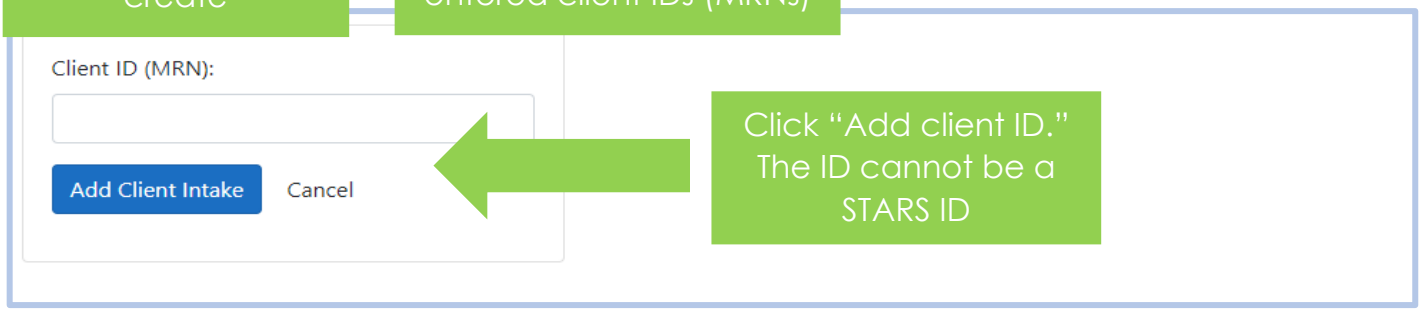
Adding Intake Forms



Begin by clicking "Add New Intake"

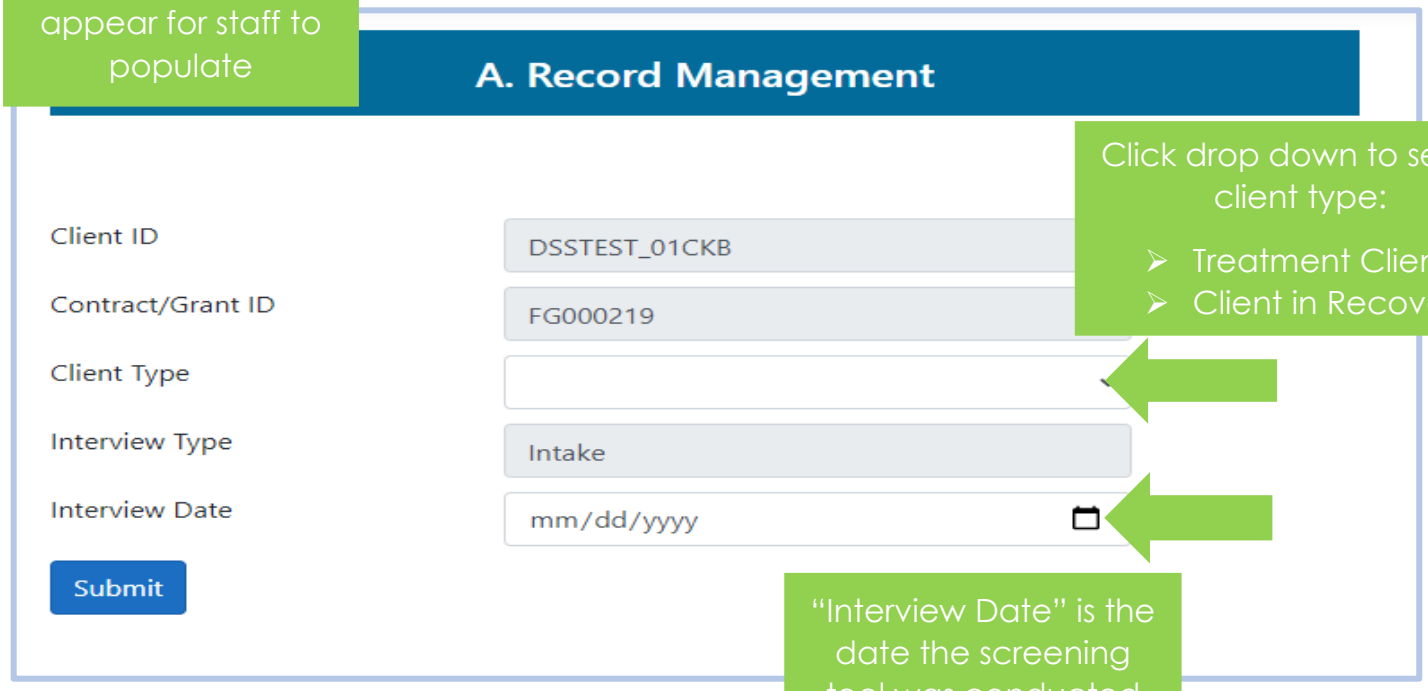
Client ID (MRN) will appear for staff to create

This screen will also allow you to search previously entered client IDs (MRNs)



Click "Add client ID." The ID cannot be a STARS ID

The form below will appear for staff to populate



Click drop down to select client type:

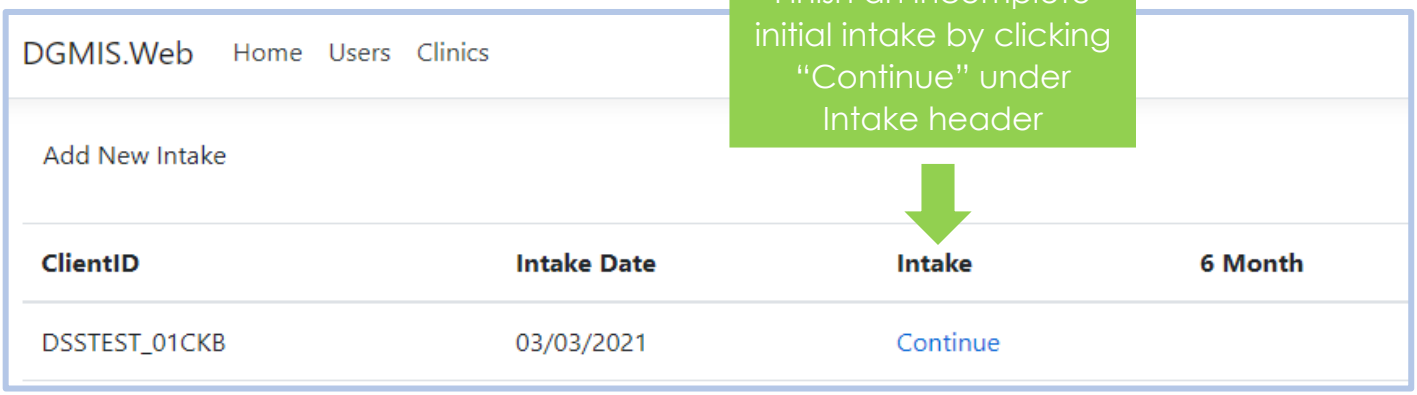
- Treatment Client
- Client in Recovery

"Interview Date" is the date the screening tool was conducted

DO NOT ENTER BIRTHDATE OR TODAY'S DATE

Adding Intake, system time out

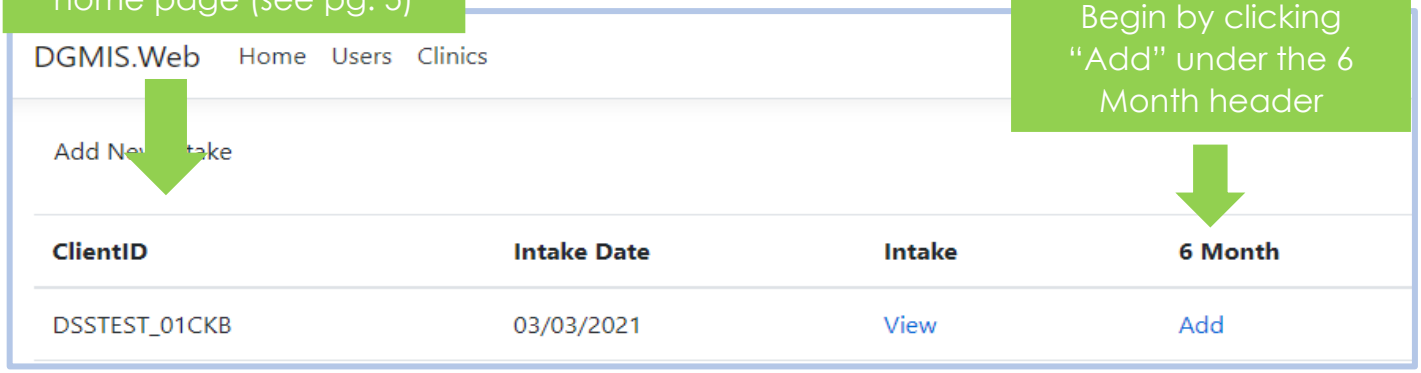
If the DGMIS system times out while you're working on an intake, your progress will be saved. This will allow facilities to continue their work on incomplete intakes without having to re-enter the tool from the beginning.

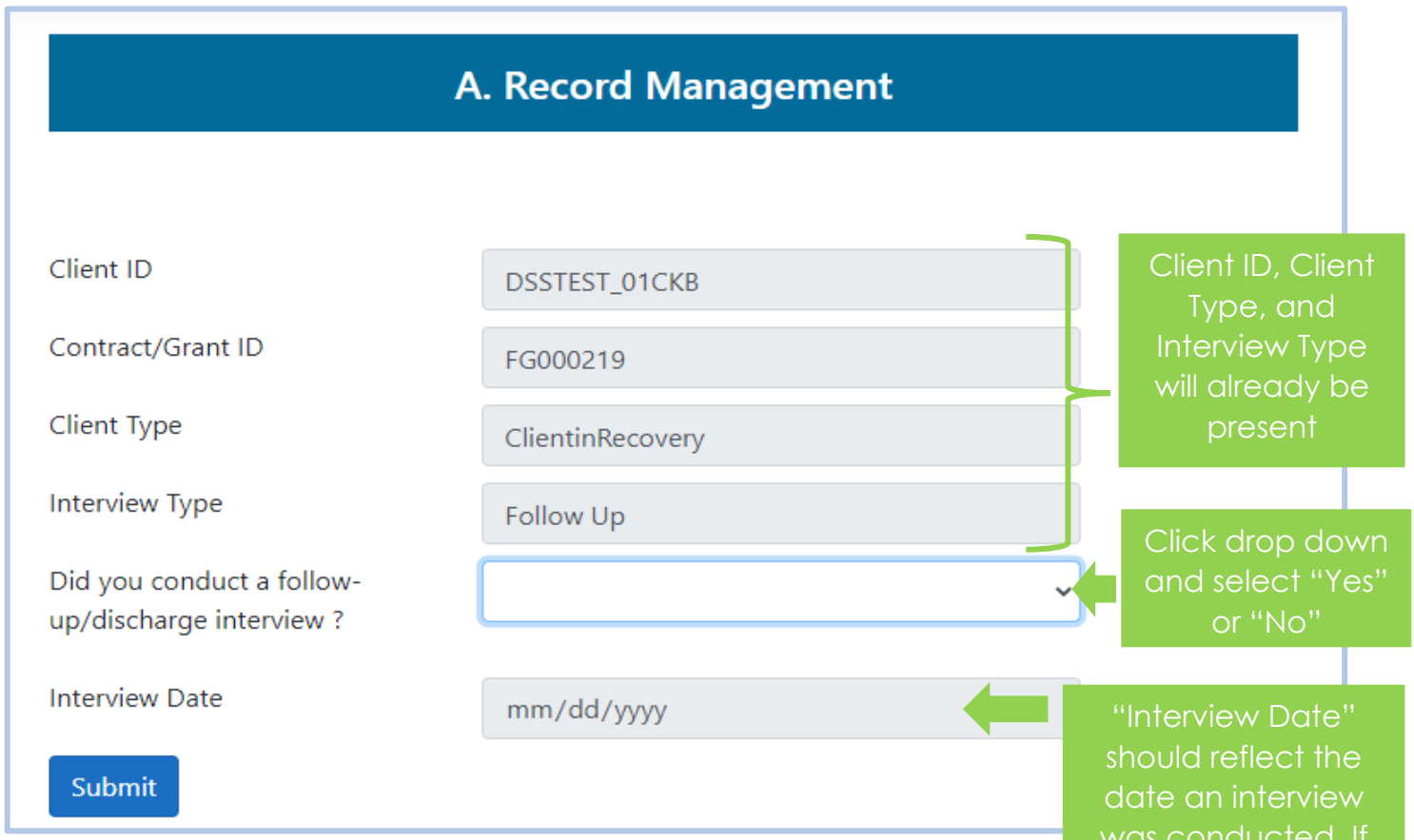


Adding a 6-month update

Search client ID that needs a 6-month update on the home page (see pg. 5)

Begin by clicking "Add" under the 6 Month header





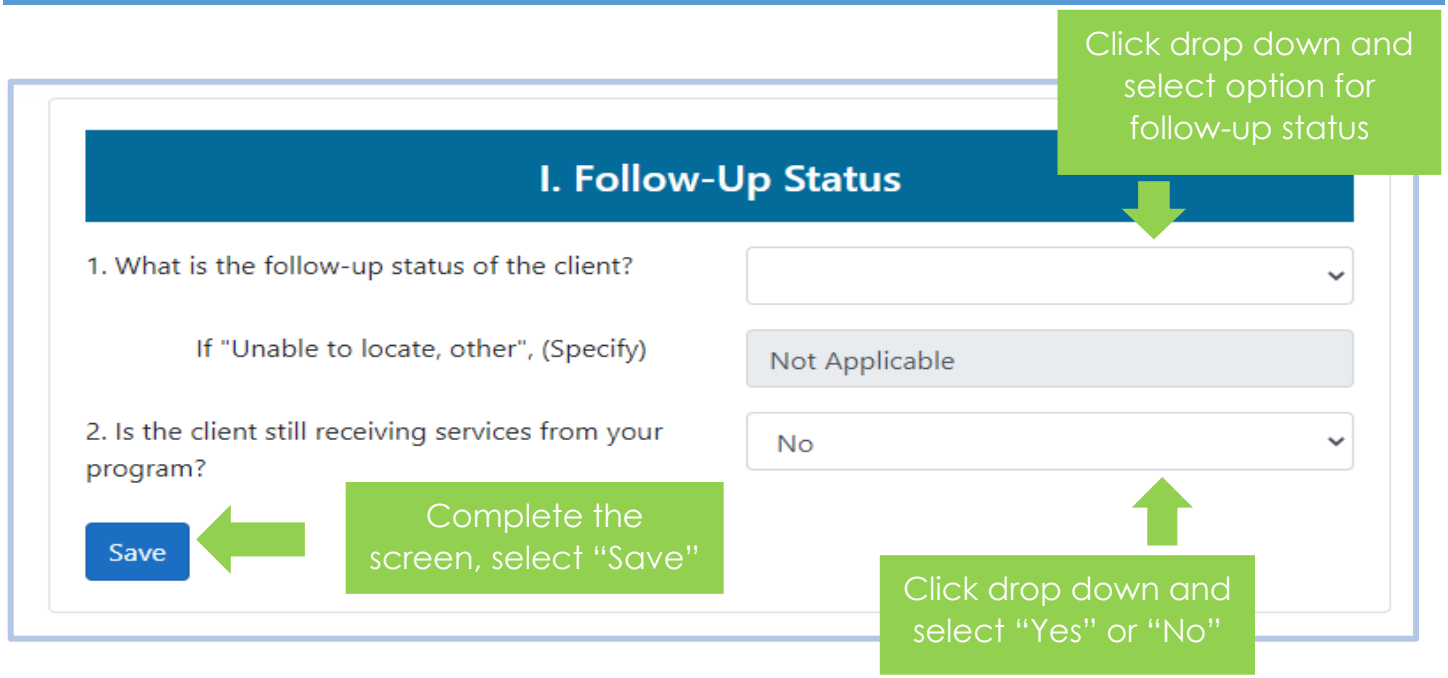
Client ID, Client Type, and Interview Type will already be present

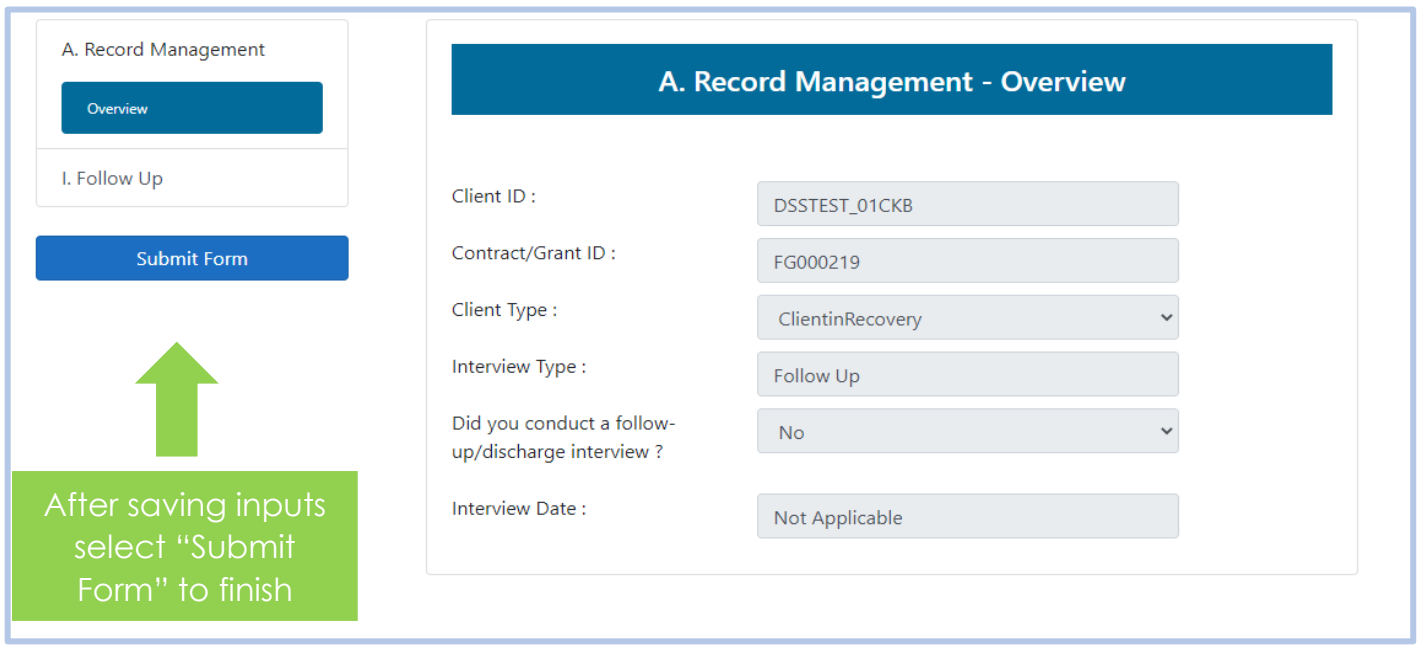
Click drop down and select "Yes" or "No"

"Interview Date" should reflect the date an interview was conducted. If an interview was not conducted then you won't be allowed to add a date

If an interview was conducted, the full GPRA form will load. If a full interview was not conducted, section I Follow-up Status of the GPRA form will load.

Follow-Up Status

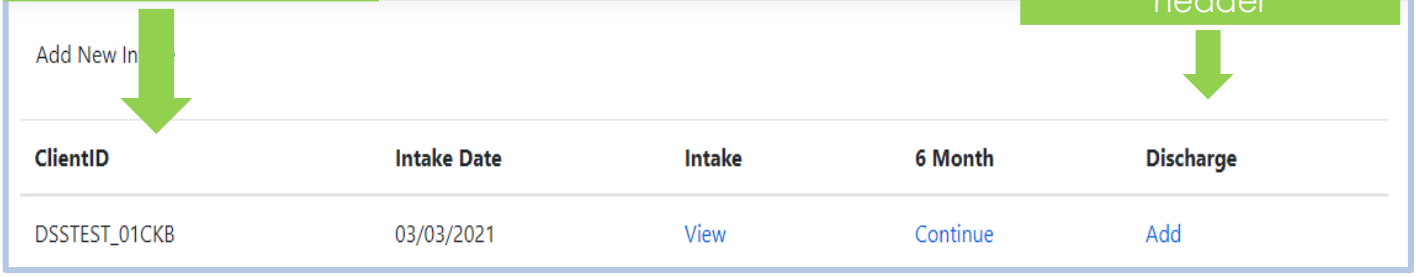


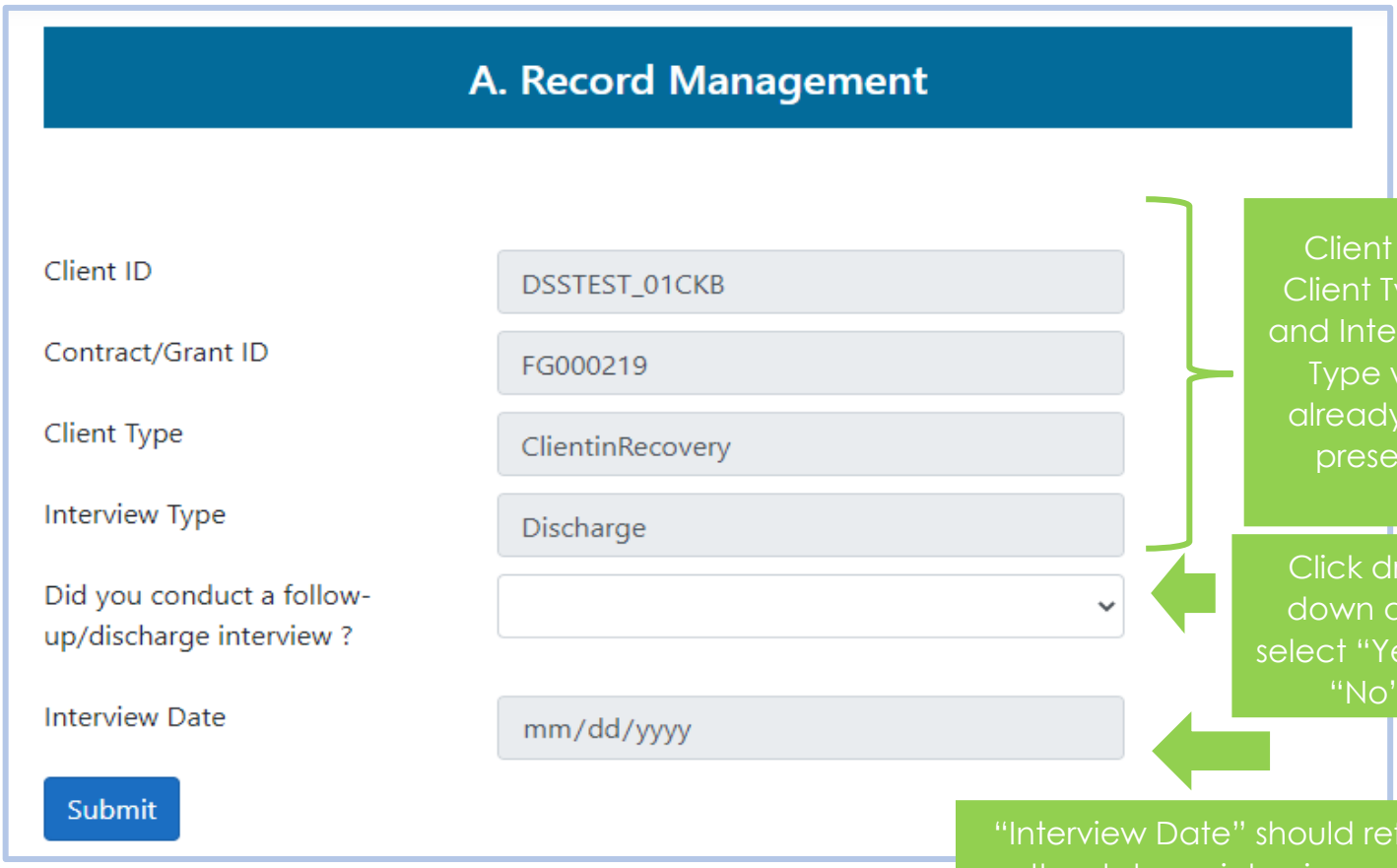


Adding a discharge

Search client ID that needs a discharge tool (see pg. 5)

Click "Add" under the Discharge header





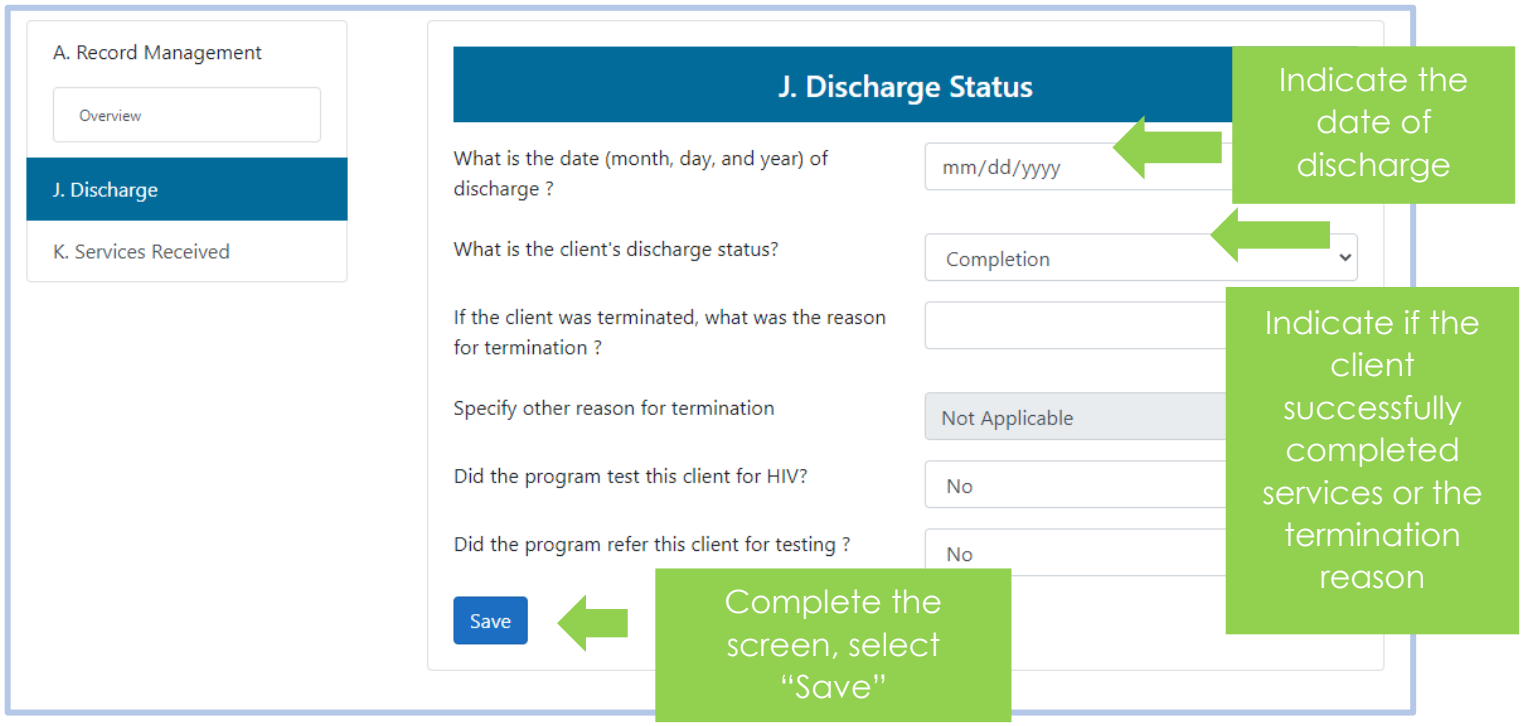
Client ID, Client Type, and Interview Type will already be present

Click drop down and select "Yes" or "No"

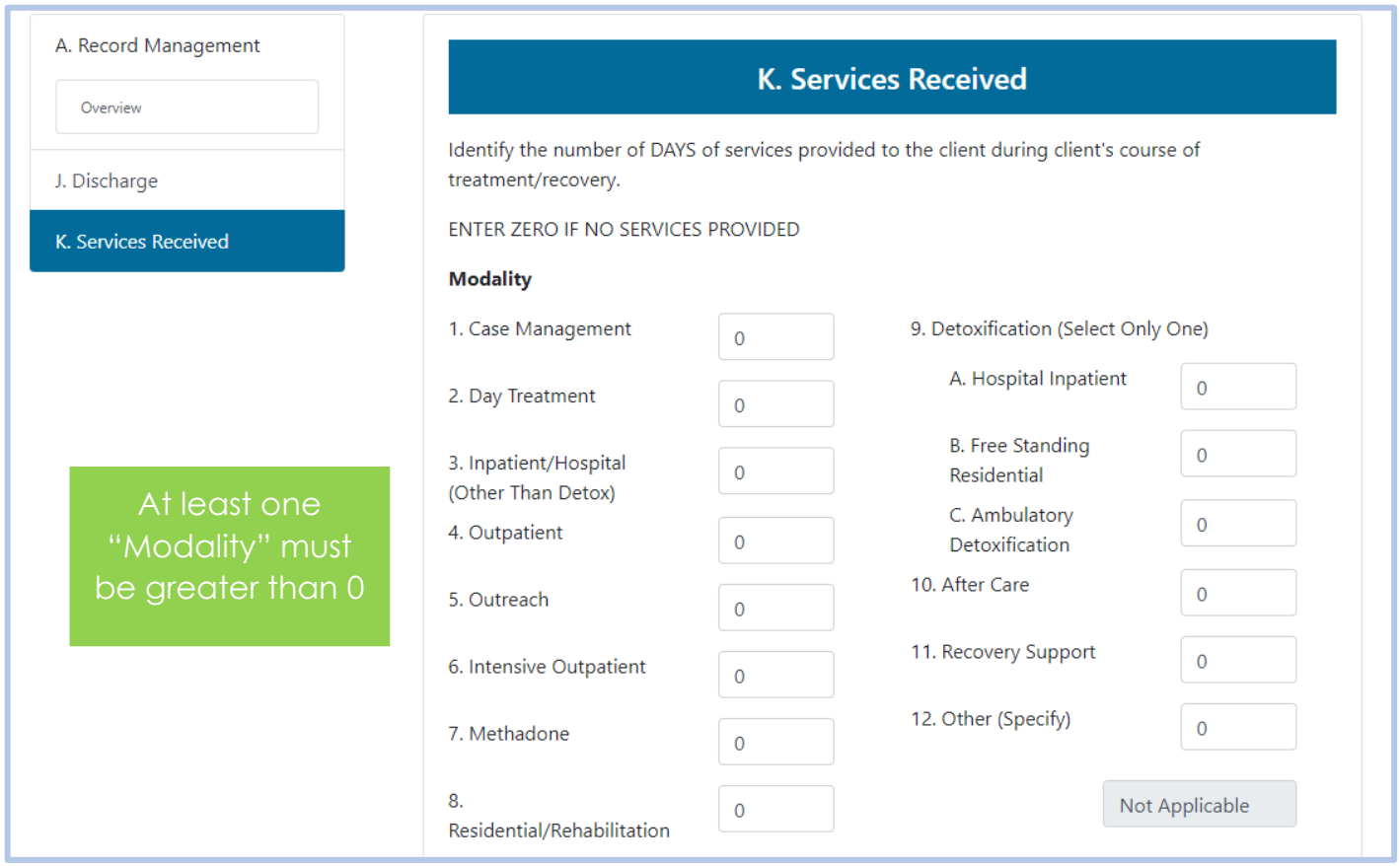
"Interview Date" should reflect the date an interview was conducted. If an interview was not conducted then you won't be allowed to add a date

If an interview was conducted, the full GPRA for will load. If a full Interview was not conducted, section J Discharge Status and Section K Planned Services of the GPRA form will load.

Discharge Status



Planned Services



Planned Services, Continued

At least one "Treatment Services" option must be greater than 0

Treatment Services

[SELECT AT LEAST ONE SERVICE.]

1. Screening	0	8. Group Counseling	0
2. Brief Intervention	0	9. Family/Marriage Counseling	0
3. Brief Treatment	0	10. Co-Occurring Treatment/Recovery Services	0
4. Referral to Treatment	0	11. Pharmacological Interventions	0
5. Assessment	0	12. HIV/AIDS Counseling	0
6. Treatment/Recovery Planning	0	13. Other Clinical Services (Specify)	0
7. Individual Counseling	0	Not Applicable	

You are not required to select an option here, select "Not Applicable" if none apply

Case Management Services

1. Family Services (Including Marriage Education, Parenting, Child Development Services)	0	4. Individual Services Coordination	0
2. Child Care	0	5. Transportation	0
3. Employment Service		6. HIV/AIDS Service	0
A. Pre-Employment	0	7. Supportive Transitional Drug-Free Housing Services	0
B. Employment Coaching	0	8. Other Case Management Services (Specify)	0
		Not Applicable	

Planned Services, Continued

Select "Not Applicable" in each section if none apply

Medical Services

1. Medical Care	0	3. HIV/AIDS Medical Support & Testing	0
2. Alcohol/Drug Testing	0	4. Other Medical Services (Specify)	0

Not Applicable

After Care Services

1. Continuing Care	0	4. Self-Help and Support Groups	0
2. Relapse Prevention	0	5. Spiritual Support	0
3. Recovery Coaching	0	6. Other After Care Services (Specify)	0

Not Applicable

Education Services

1. Substance Abuse Education	0	3. Other Education Services (Specify)	0
2. HIV/AIDS Education	0		

Not Applicable

Peer-To-Peer Recovery Support Services

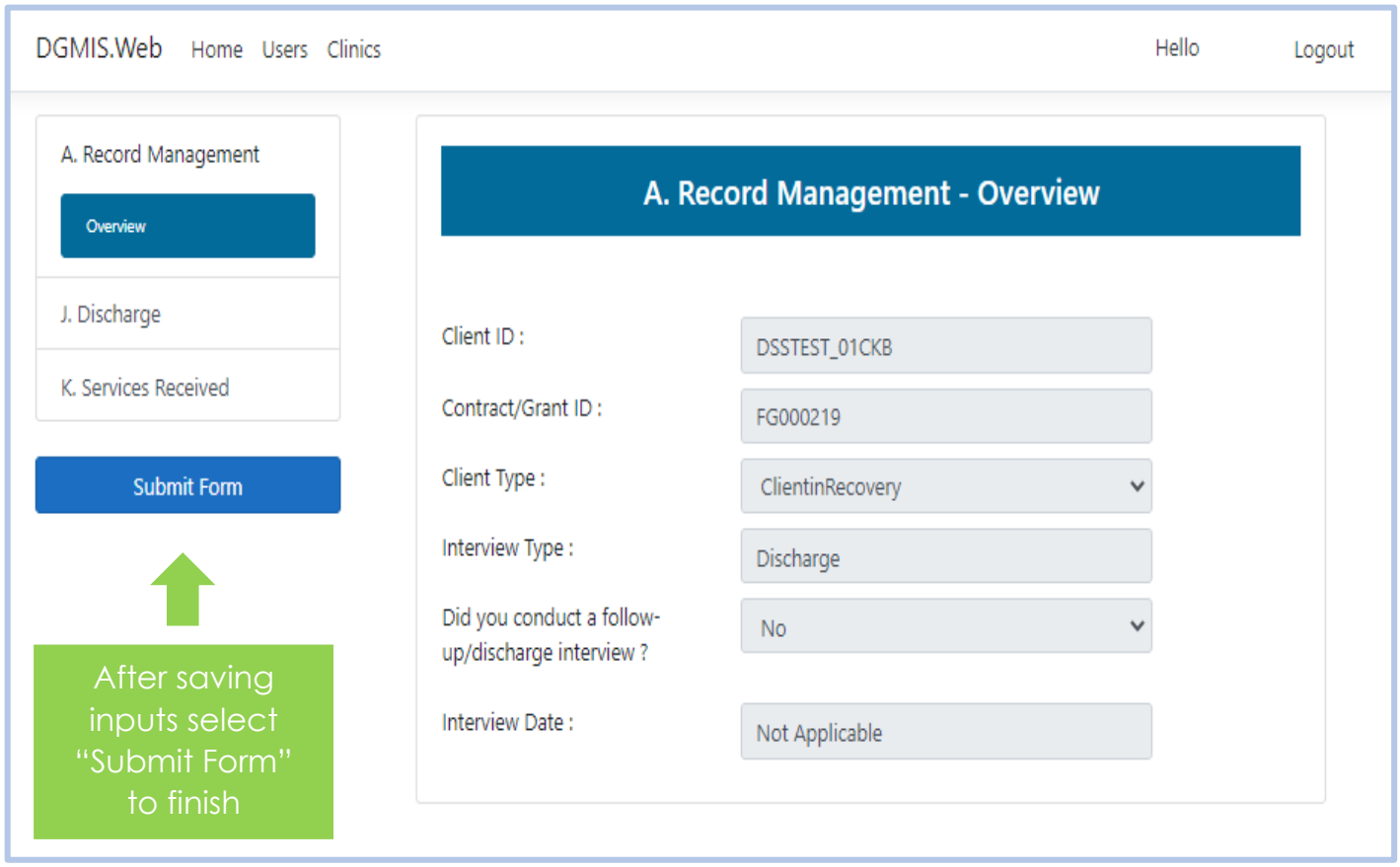
1. Peer Coaching or Mentoring	0	4. Information and Referral	0
2. Housing Support	0	5. Other Peer-to-Peer Recovery Support Services (Specify)	0
3. Alcohol-and Drug-Free Social Activities	0		

Not Applicable

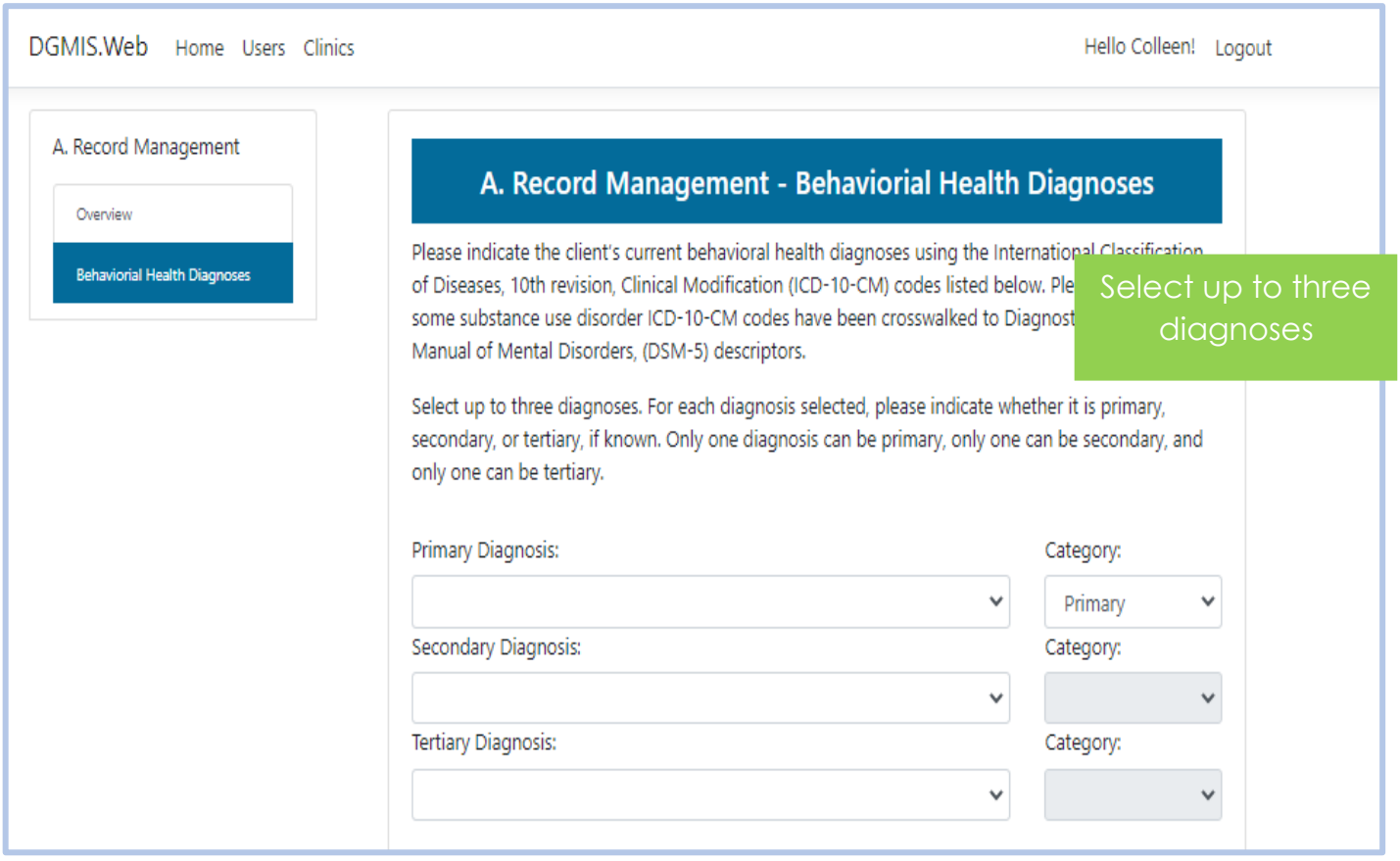
Save

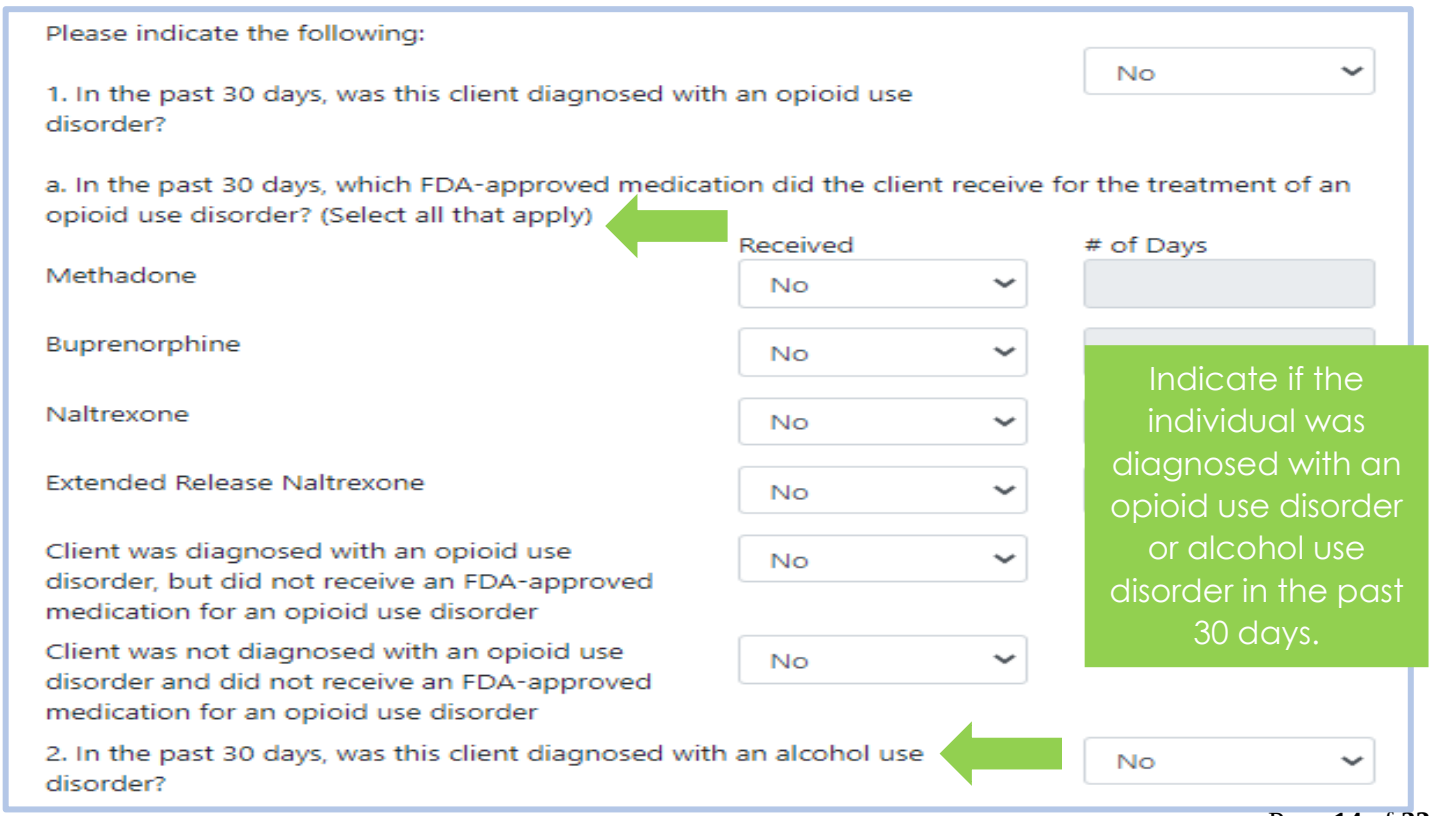
Complete the screen, select "Save"

Completing Discharge Status and Planned Services



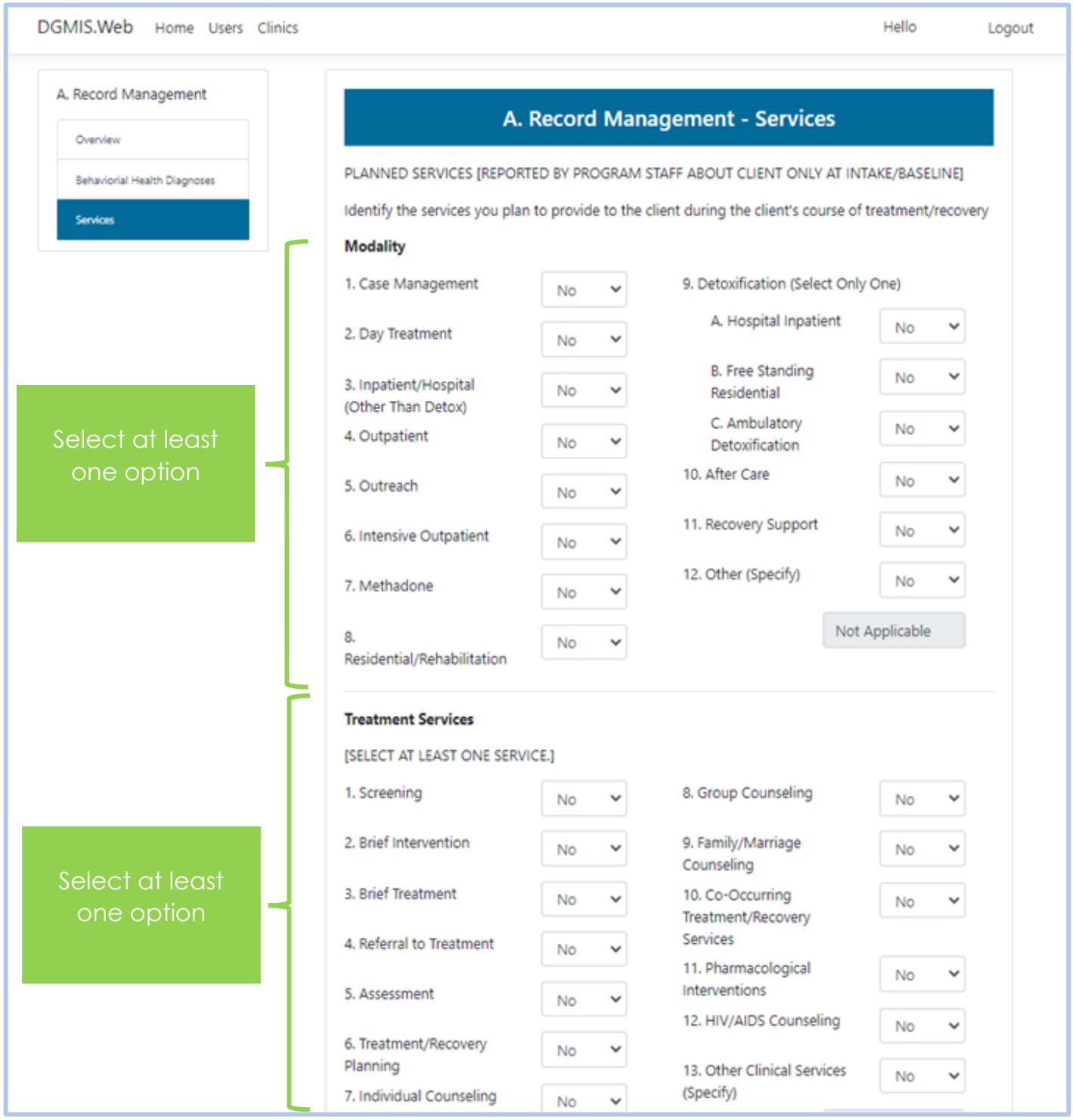
Behavioral Health Diagnoses





Planned Services

All providers are required to select one option under "Modality" and one option under "Treatment Services." The page will not advance if it is not selected.



Planned Services, Continued

The remaining planned services sections are not required.

Select "Not Applicable" in each section if none apply

Case Management Services

1. Family Services (Including Marriage Education, Parenting, Child Development Services)	No	4. Individual Services Coordination	No
2. Child Care	No	5. Transportation	No
3. Employment Service		6. HIV/AIDS Service	No
A. Pre-Employment	No	7. Supportive Transitional Drug-Free Housing Services	No
B. Employment Coaching	No	8. Other Case Management Services (Specify)	No
		Not Applicable	

Medical Services

1. Medical Care	No	3. HIV/AIDS Medical Support & Testing	No
2. Alcohol/Drug Testing	No	4. Other Medical Services (Specify)	No
		Not Applicable	

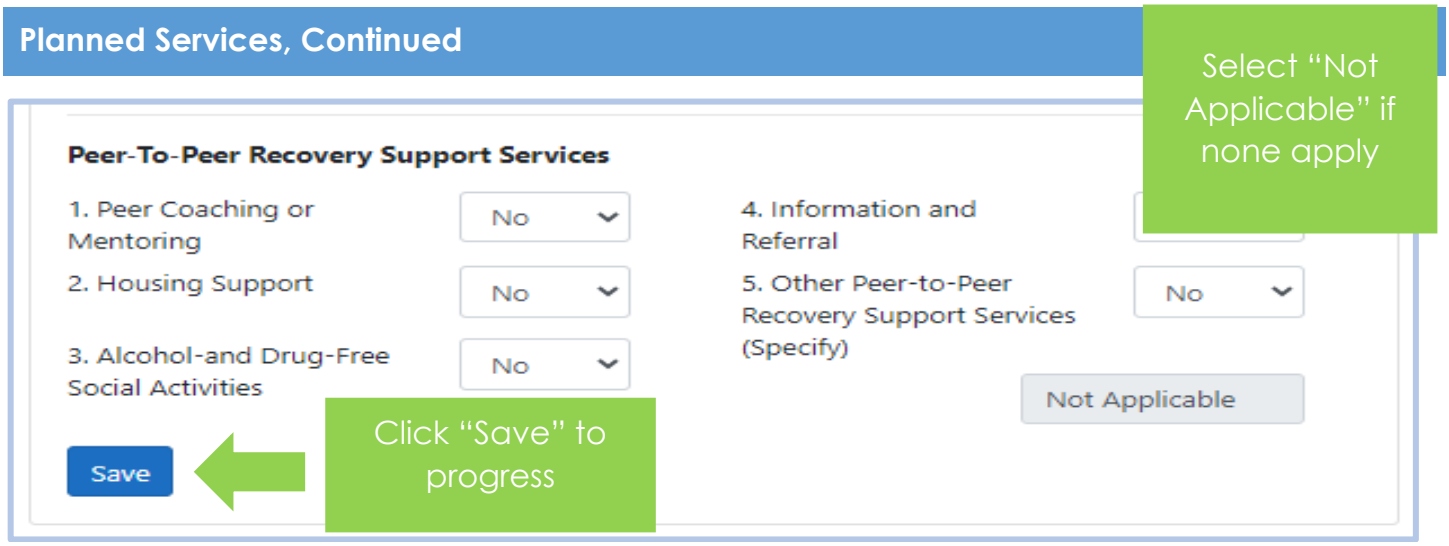
After Care Services

1. Continuing Care	No	4. Self-Help and Support Groups	No
2. Relapse Prevention	No	5. Spiritual Support	No
3. Recovery Coaching	No	6. Other After Care Services (Specify)	No
		Not Applicable	

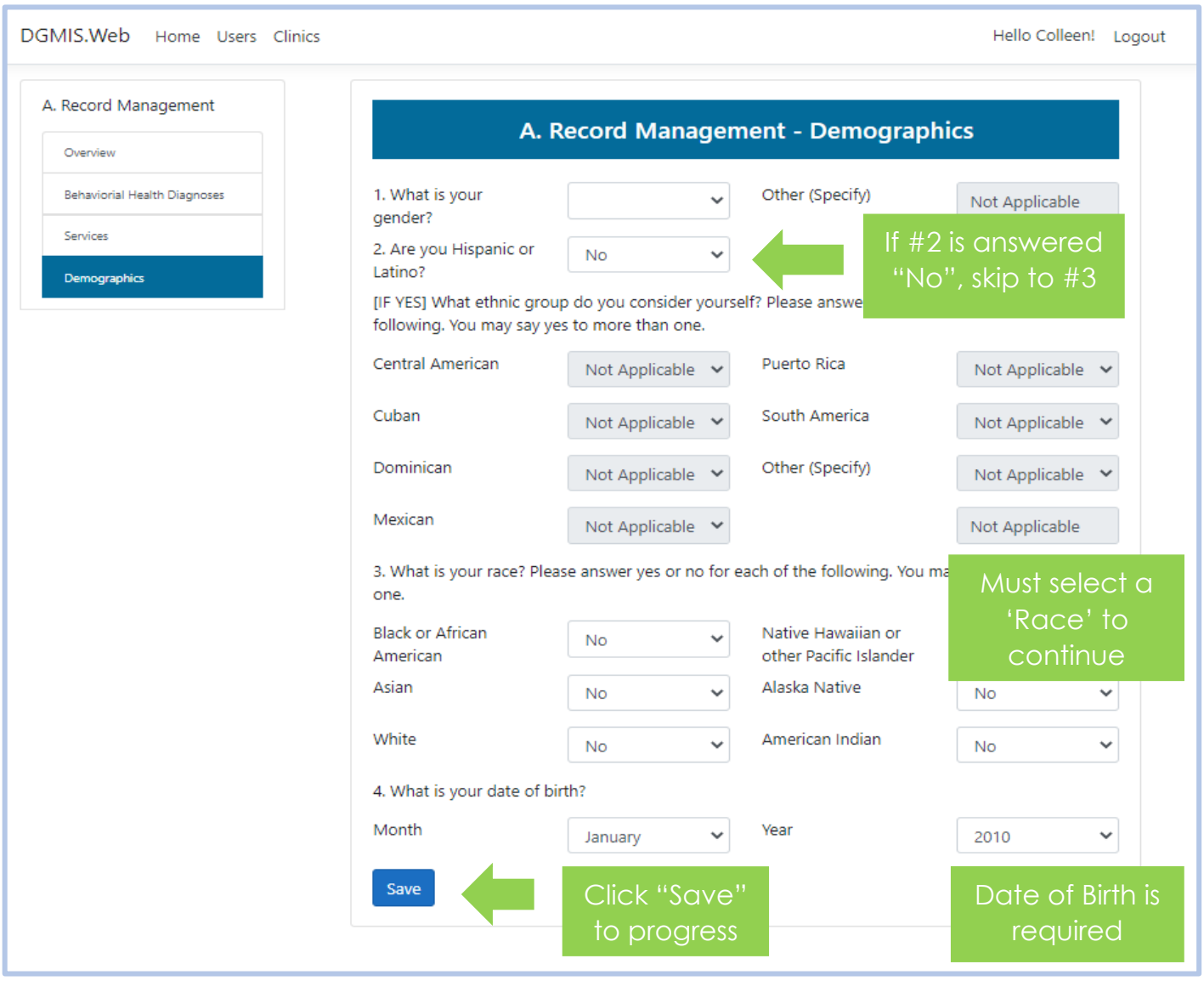
Education Services

1. Substance Abuse Education	No	3. Other Education Services (Specify)	No
2. HIV/AIDS Education	No	Not Applicable	

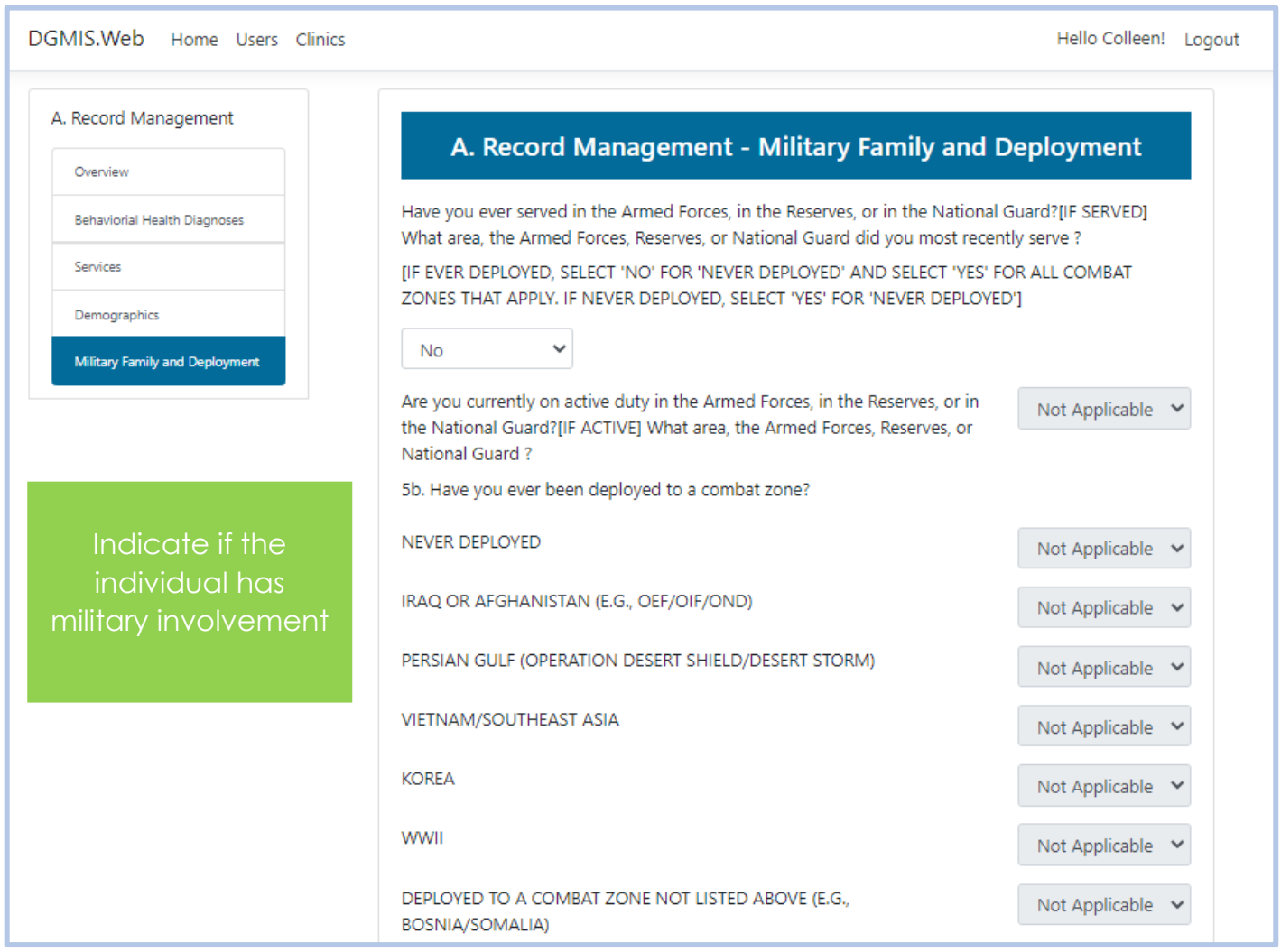
Planned Services, Continued



Demographics



Military Family and Deployment



Military and Family Deployment, Continued

6. Is anyone in your family or someone close to you on active duty in the Armed Forces, in the Reserves, or in the National Guard, or separated or retired from Armed Forces, Reserves, or the National Guard? [IF NO, REFUSED, OR DON'T KNOW, SKIP TO SECTION B] — No

Indicate if the individual has family with military involvement

If yes (answer for up to six people):
What is the relationship of that person (Service Member) to you?
If other, specify.

1	2	3	4	5	6
Not A	Not A	Not A	Not A	Not A	Not A
Not Appli	Not Appli	Not Appli	Not Appli	Not Appli	Not Appli

Has the Service Member experienced any of the following: [FOR EACH PERSON, SELECT ALL THAT APPLY.]

6a. Deployed in support of combat operations (e.g., Iraq or Afghanistan)?

Not A	Not A	Not A	Not A	Not A	Not A

6b. Was physically injured during combat operations?

Not A	Not A	Not A	Not A	Not A	Not A

6c. Developed combat stress symptoms/ difficulties adjusting following deployment, including PTSD, depression, or suicidal thoughts?

Not A	Not A	Not A	Not A	Not A	Not A

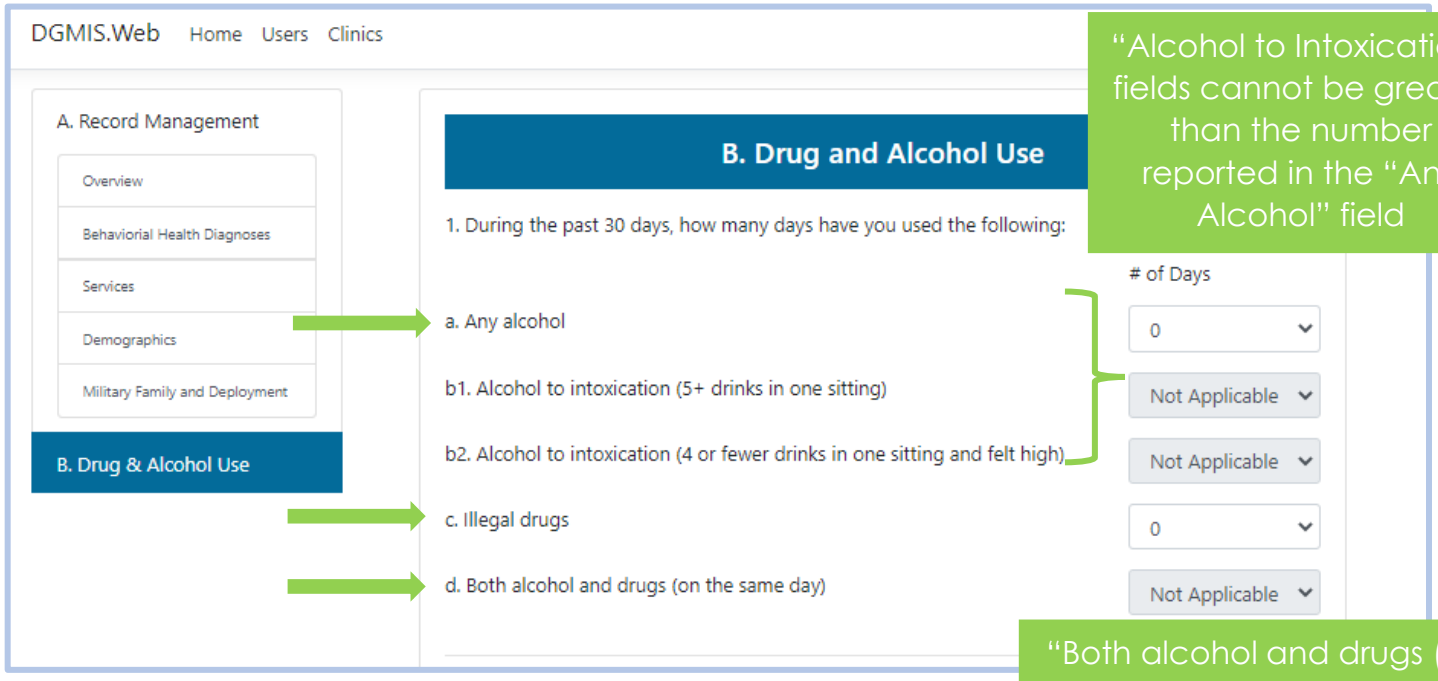
6d. Died or was killed?

Not A	Not A	Not A	Not A	Not A	Not A

Save

Click "Save" to progress

Drug and Alcohol Use



"Alcohol to Intoxication" fields cannot be greater than the number reported in the "Any Alcohol" field

"Both alcohol and drugs (on same day)" field cannot be greater than the largest number reported in the "Any Alcohol" field or "Illegal drugs" field

Drug and Alcohol Use

2. During the past 30 days, how many days have you used any of the following:

If "Illegal drugs" field is greater than zero, then you must identify which drugs were used and how many days those drugs were used.

	# of Days	
a. Cocaine/Crack	0	
b. Marijuana/Hashish	0	
c. Opiates:		
1. Heroin	0	
2. Morphine	0	Not Applicable
3. Diluadid	0	Not Applicable
4. Demerol	0	Not Applicable
5. Percocet	0	Not Applicable
6. Darvon	0	Not Applicable
7. Codeine	0	Not Applicable
8. Tylenol 2,3,4	0	Not Applicable
9. Oxycontin/Oxycodone	0	Not Applicable
d. Non-prescription methadone	0	Not Applicable
e. Hallucinogens/psychedelics, PCP, MDMA, LSD,Mushrooms or Mescaline	0	Not Applicable
f. Methamphetamine or other amphetamines	0	Not Applicable
g. 1. Benzodiazepines: Diazepam, Alprazolam,Triazolam, and Estasolam	0	Not Applicable
2. Barbiturates: Mephobarbital and pentobarbital sodium	0	Not Applicable
3. Non-prescription GHB	0	Not Applicable

Drug and Alcohol Use

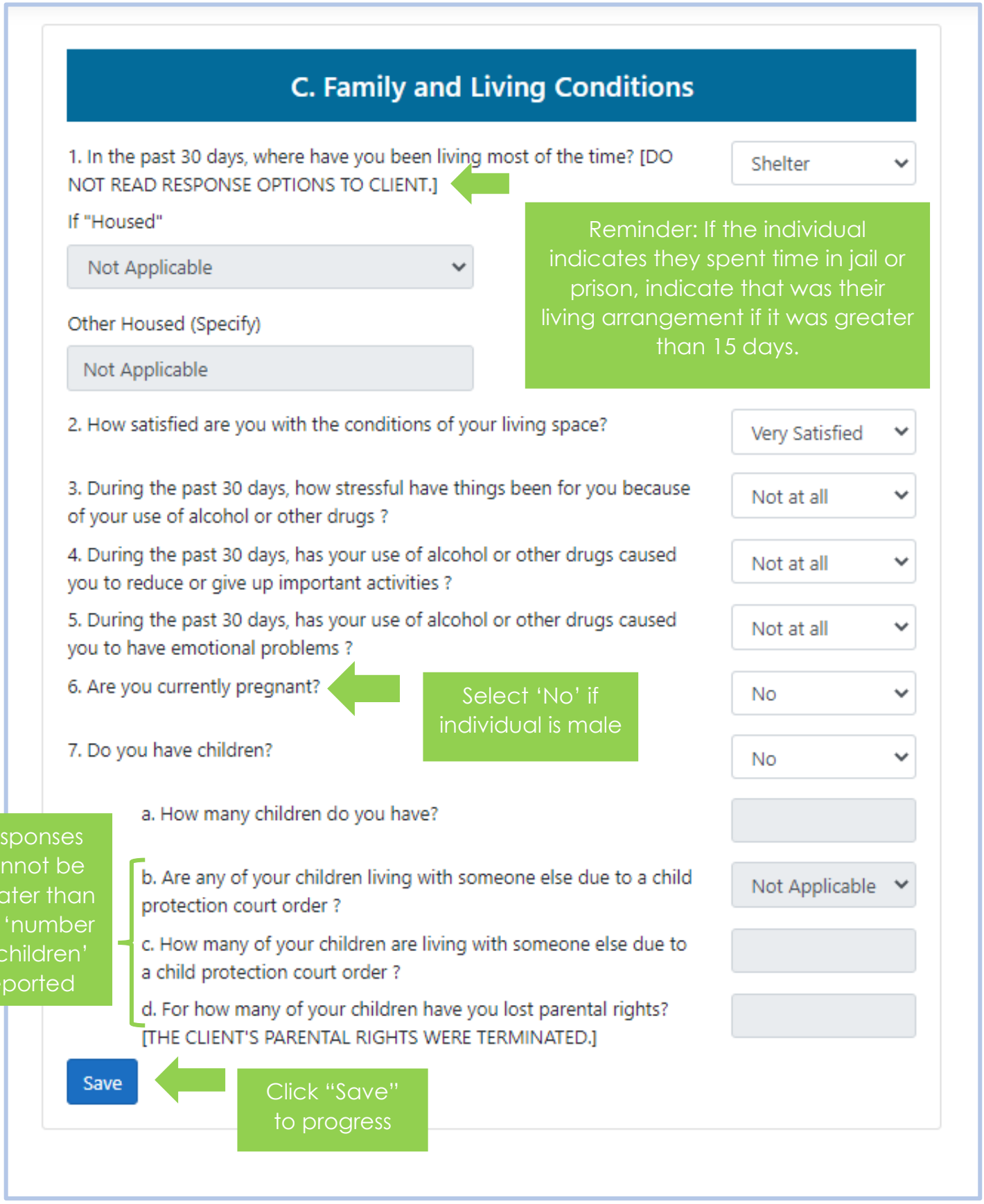
e. Hallucinogens/psychedelics, PCP, MDMA, LSD,Mushrooms or Mescaline	0	Not Applicable
f. Methamphetamine or other amphetamines	0	Not Applicable
g. 1. Benzodiazepines: Diazepam, Alprazolam,Triazolam, and Estasolam	0	Not Applicable
2. Barbiturates: Mephobarbital and pentobarbital sodium	0	Not Applicable
3. Non-prescription GHB	0	Not Applicable
4. Ketamine	18	IV
5. Other tranquilizers, downers, sedatives or hypnotics	0	Not Applicable
h. Inhalants	0	Not Applicable
i. Other illegal drugs (Specify)	0	Not Applicable

3. In the past 30 days, have you injected drugs?	Yes
4. In the past 30 days, how often did you use a syringe/needle,cooker, cotton, or water that someone else used ?	Never

Save

Click "Save" to progress

Select response for "Injected drugs" from the drop down. Must select "Yes" if route of administration of 'Non-IV Injection' or 'IV' has been selected


C. Family and Living Conditions
1. In the past 30 days, where have you been living most of the time? [DO NOT READ RESPONSE OPTIONS TO CLIENT.]
Shelter
If "Housed"
Not Applicable
Other Housed (Specify)
Not Applicable
Reminder: If the individual indicates they spent time in jail or prison, indicate that was their living arrangement if it was greater than 15 days.
2. How satisfied are you with the conditions of your living space?
Very Satisfied
3. During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs ?
Not at all
4. During the past 30 days, has your use of alcohol or other drugs caused you to reduce or give up important activities ?
Not at all
5. During the past 30 days, has your use of alcohol or other drugs caused you to have emotional problems ?
Not at all
6. Are you currently pregnant?
Select 'No' if individual is male
No
7. Do you have children?
No
a. How many children do you have?
b. Are any of your children living with someone else due to a child protection court order ?
Not Applicable
c. How many of your children are living with someone else due to a child protection court order ?
d. For how many of your children have you lost parental rights? [THE CLIENT'S PARENTAL RIGHTS WERE TERMINATED.]
Responses cannot be greater than the 'number of children' reported
Save
Click "Save" to progress

D. Education, Employment, and Income

1. Are you currently enrolled in school or a job training program? [IF ENROLLED], Is that full time or part time?

Not Enrolled | Other (Specify) | Not Applicable

2. What is the highest level of education you have finished, whether or not you received a degree

Never attended

3. Are you currently employed?

Other | Other (Specify)

Employment must be reported

Whole dollar amounts must be reported. All fields must have a value reported

4. Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from:

a. Wages	$ RF/DK	e. Non-legal income	$ RF/DK
b. Public assistance	$ RF/DK	f. Family and/or friends	$ RF/DK
c. Retirement	$ RF/DK	g. Other (Specify)	$ RF/DK
d. Disability	$ RF/DK		

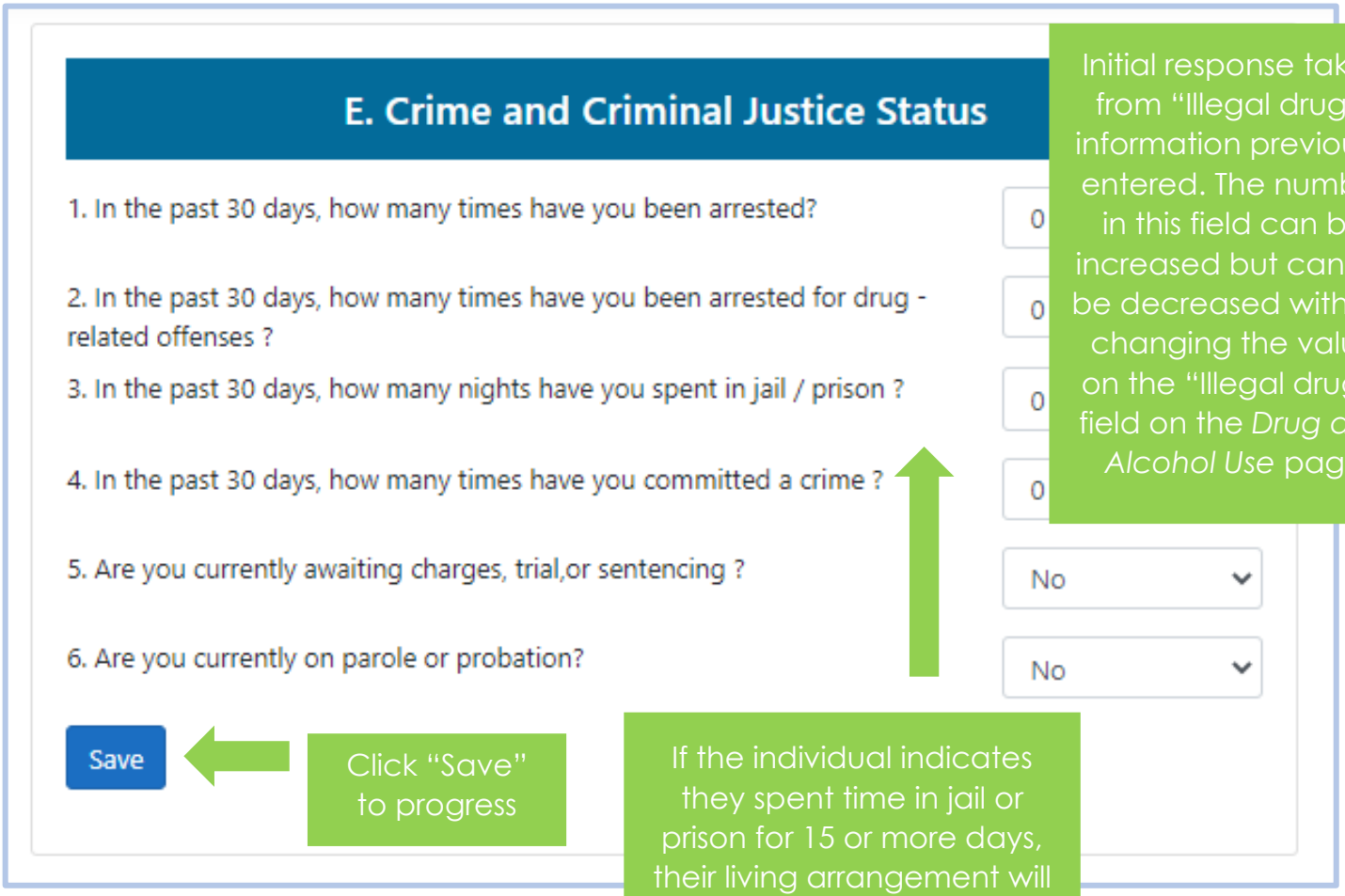
5. Have you enough money to meet your needs?

Not at all

Save

Click "Save" to progress

Crime and Criminal Justice Status



Values are pre-populated for staff. Select and manage applicable entries

F. Mental and Physical Health Problems and Treatment/Recovery

1. How would you rate your overall health right now ?		Excellent
2. During the past 30 days, did you receive:		
a. Inpatient Treatment for:		nights
i. Physical complaint	No	Not Applicable
ii. Mental or emotional difficulties	No	Not Applicable
iii. Alcohol or substance abuse	No	Not Applicable
b. Outpatient Treatment for:		times
i. Physical complaint	No	Not Applicable
ii. Mental or emotional difficulties	No	Not Applicable
iii. Alcohol or substance abuse	No	Not Applicable
c. Emergency Room Treatment for:		times
i. Physical complaint	No	Not Applicable
ii. Mental or emotional difficulties	No	Not Applicable
iii. Alcohol or substance abuse	No	Not Applicable

Mental Health and Physical Health Programs and Treatment Recovery

3. During the past 30 days, did you engage in sexual activity?	No
Altogether, how many:	Contacts
a. Sexual contacts (vaginal, oral, or anal) did you have?	Not Applicable
b. Unprotected sexual contacts did you have?	Not Applicable
c. Unprotected sexual contacts were with an individual who is or was:	
1. HIV positive or has AIDS	Not Applicable
2. An injection drug user	Not Applicable
3. High on some substance	Not Applicable
4. Have you ever been tested for HIV?	No
a. Do you know the results of your HIV testing?	Not Applicable
5. How would you rate your quality of life?	Very poor
6. How satisfied are you with your health?	Very Satisfied
7. Do you have enough energy for everyday life?	Not at all
8. How satisfied are you with your ability to perform your daily activities?	Very Satisfied
9. How satisfied are you with yourself?	Very Satisfied
10. In the past 30 days, not due to your use of alcohol or drugs, how many days have you:	Days
a. Experienced serious depression	0
b. Experienced serious anxiety or tension	0
c. Experienced hallucinations	0
d. Experienced trouble understanding, concentrating, or remembering	0
e. Experienced trouble controlling violent behavior	0

Values are pre-populated for staff. Select and manage applicable entries

Violence and Trauma

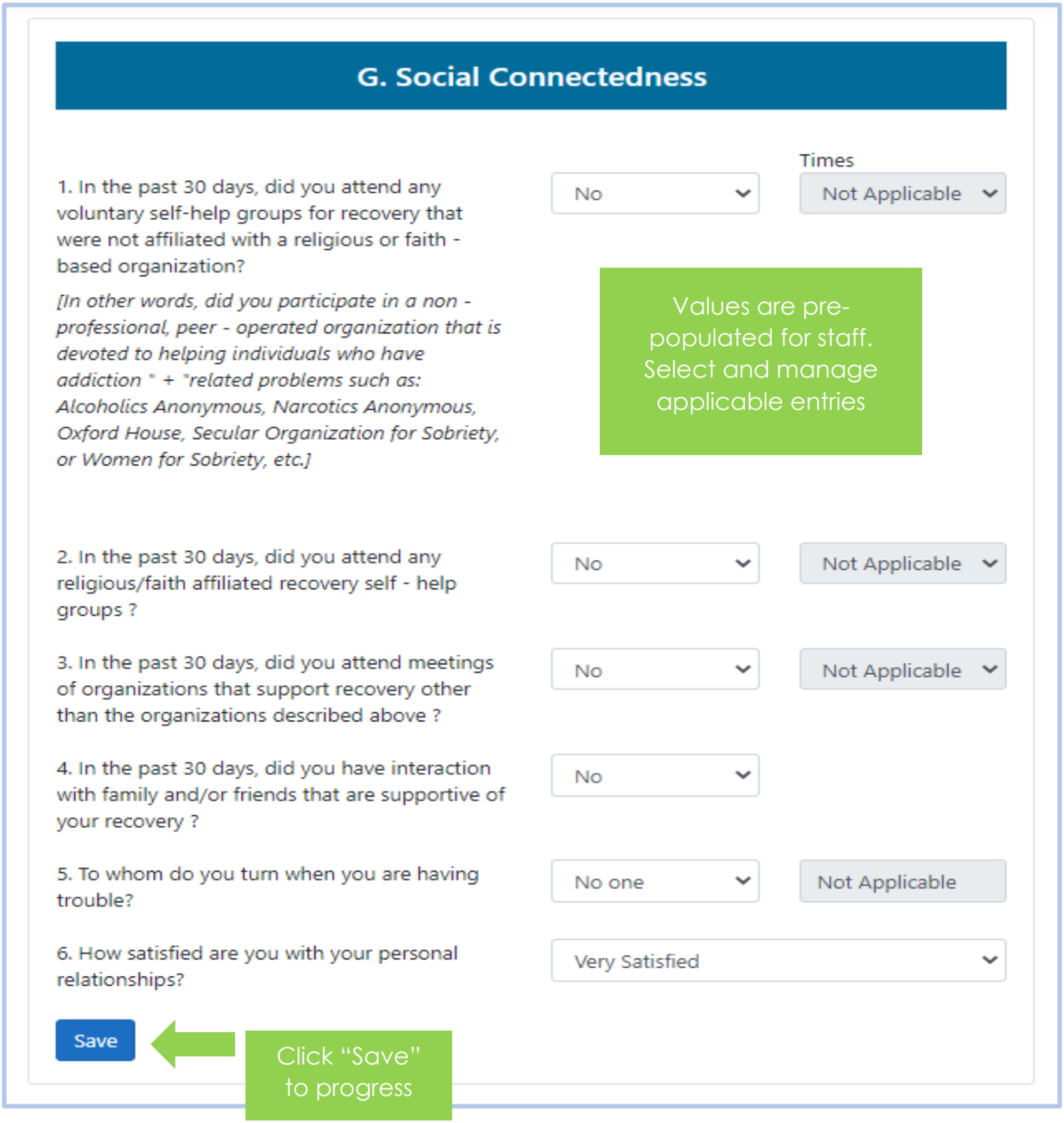
Values are pre-populated for staff. Select and manage applicable entries

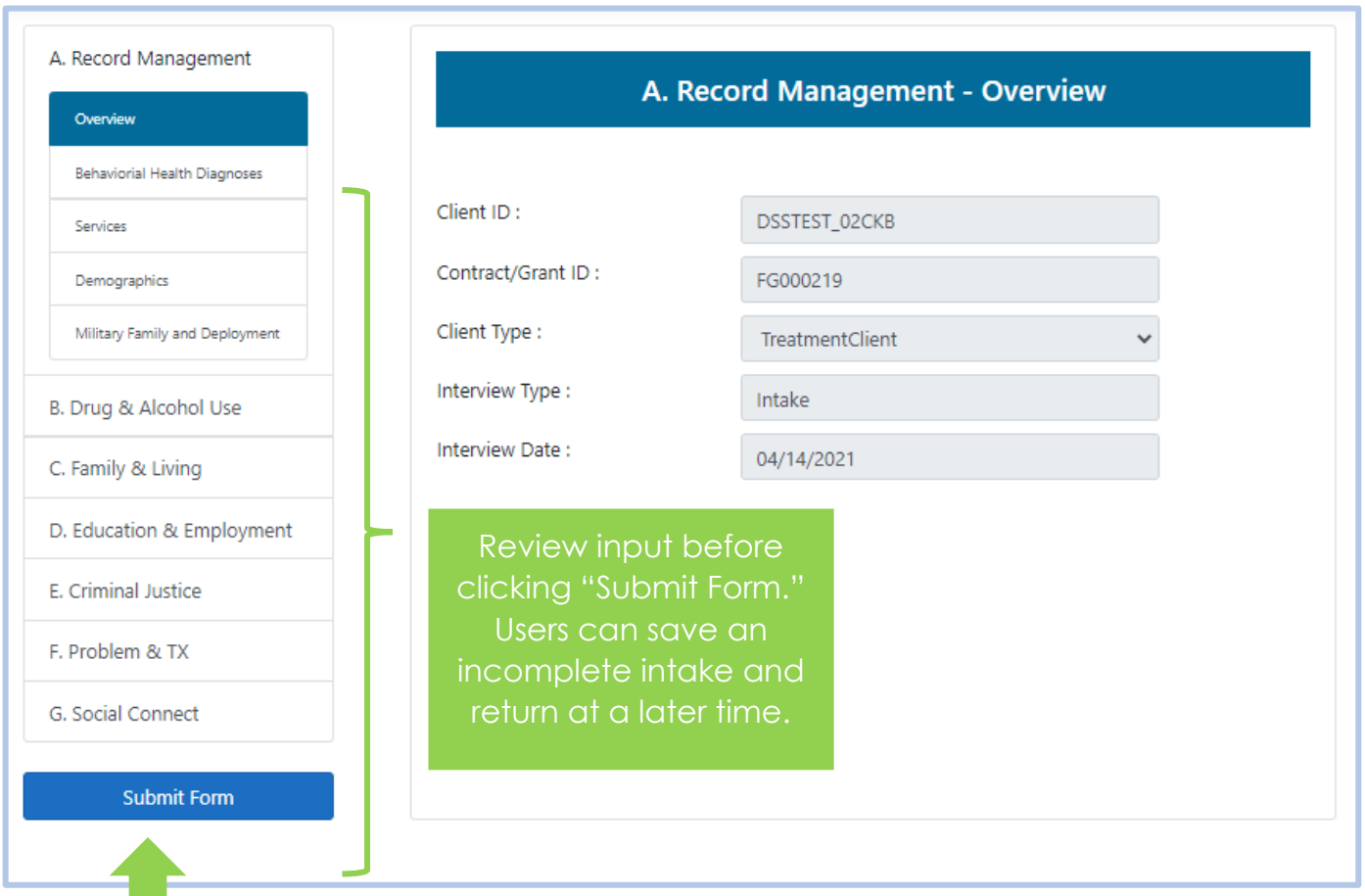
F. Violence and Trauma

12. Have you ever experienced violence or trauma in any setting (including community or school violence; domestic violence; physical, psychological, or sexual maltreatment/assault within or outside of the family; natural disaster; terrorism; neglect; or traumatic grief?) [IF NO, REFUSED, OR DON'T KNOW, SKIP TO ITEM F13.]	No
12a. Have had nightmares about it or thought about it when you did not want to?	Not Applicable
12b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?	Not Applicable
12c. Were constantly on guard, watchful, or easily startled?	Not Applicable
12d. Felt numb and detached from others, activities, or your surroundings?	Not Applicable
13. In the past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt?	Never

Save

Click "Save" to progress

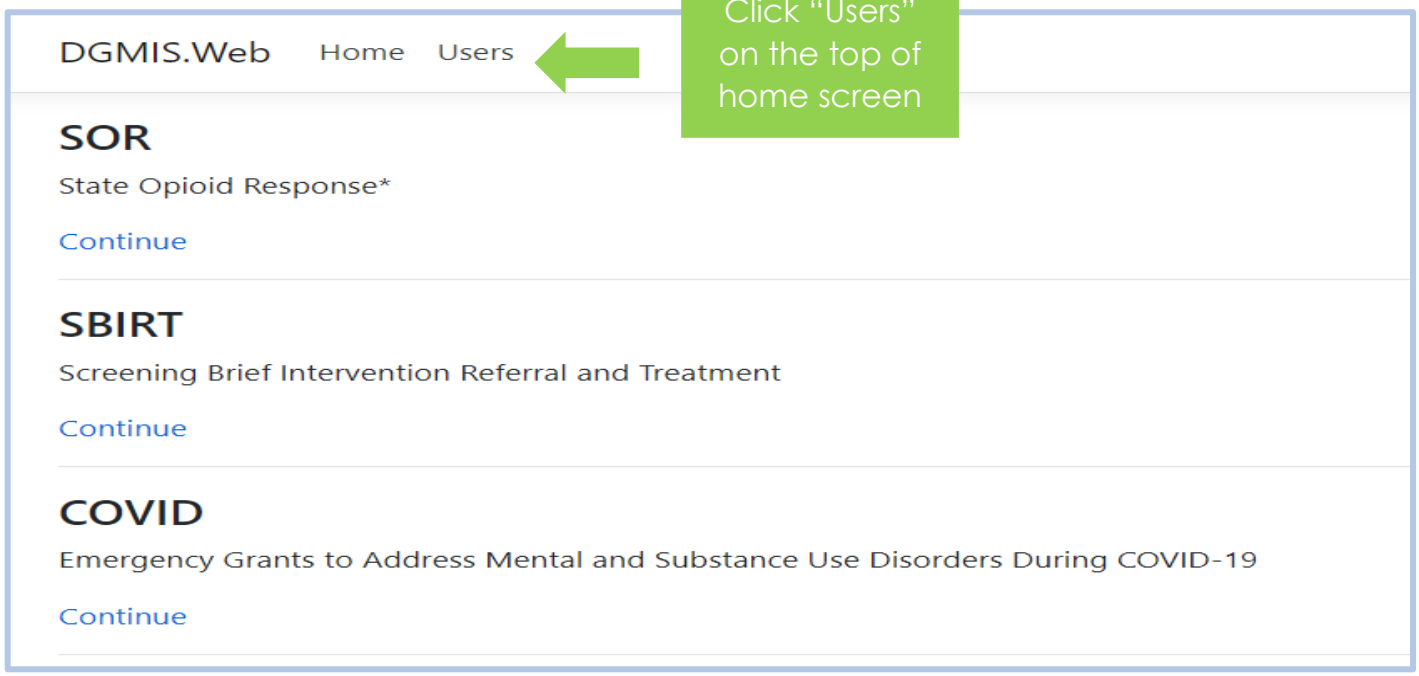

G. Social Connectedness
Times
1. In the past 30 days, did you attend any voluntary self-help groups for recovery that were not affiliated with a religious or faith - based organization?
No
Not Applicable
[In other words, did you participate in a non - professional, peer - operated organization that is devoted to helping individuals who have addiction " + "related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, or Women for Sobriety, etc.]
Values are pre-populated for staff. Select and manage applicable entries
2. In the past 30 days, did you attend any religious/faith affiliated recovery self - help groups ?
No
Not Applicable
3. In the past 30 days, did you attend meetings of organizations that support recovery other than the organizations described above ?
No
Not Applicable
4. In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery ?
No
5. To whom do you turn when you are having trouble?
No one
Not Applicable
6. How satisfied are you with your personal relationships?
Very Satisfied
Save
Click "Save" to progress

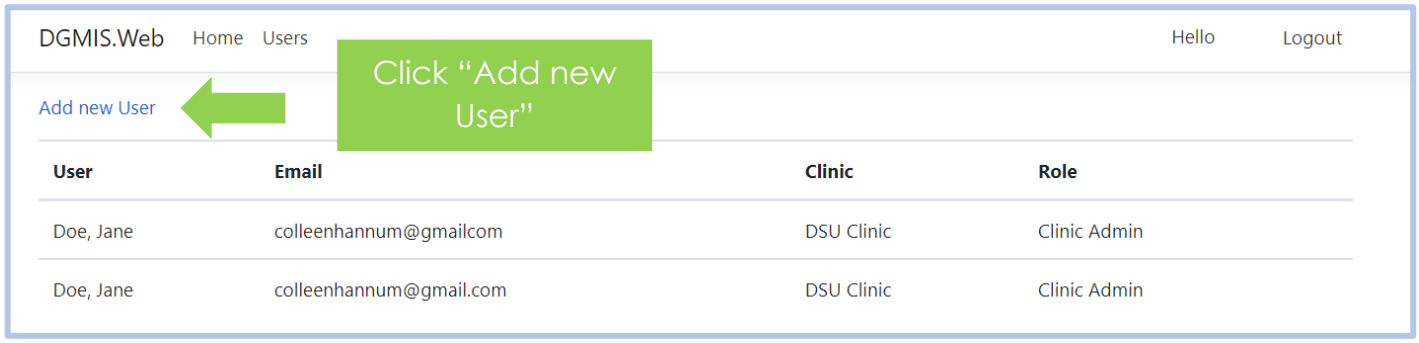
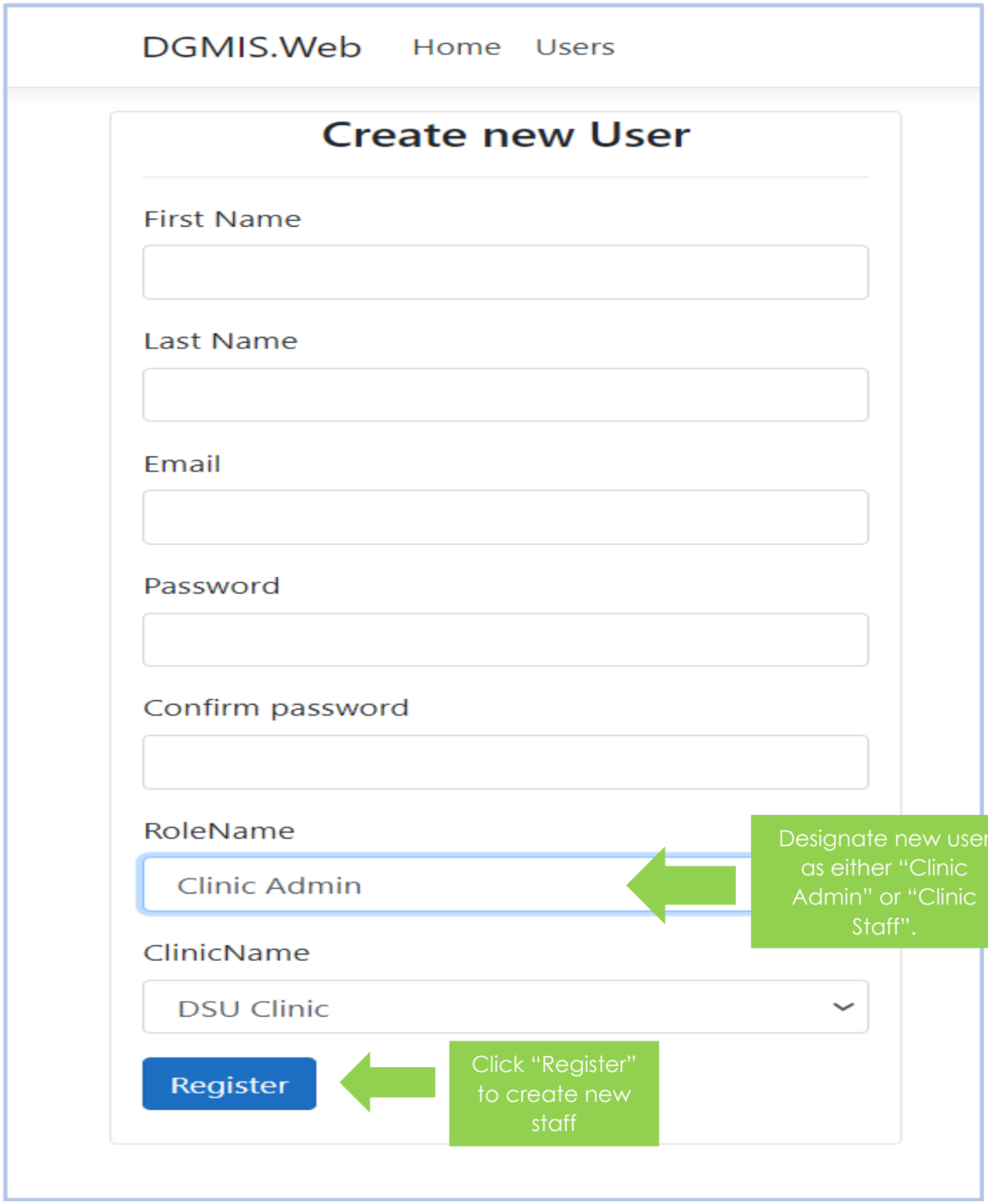


Click "Submit Form" and documentation will be finalized. Users will not be able to edit after submitting form.

Adding clinic staff

Facilities will now have capabilities of adding their own clinic staff. Each facility will designate a clinic admin that has the ability to add staff and GPRA tools, while clinic staff can only add GPRA tools.





Adding clinic staff, continued